

Corrective SPIN Change Instructions

There are only 3 allowable categories of SPIN corrections that can be made. They are:

- A data entry correction;
- A merger/acquisition correction; or
- A correction due to a change that was not initiated by the applicant (provide brief explanation).

To Request a SPIN Change BEFORE Funding Commitment Decision Letter is Received

When you receive the Receipt Acknowledgement Letter (RAL) make a copy of it. On the FRN that requires a SPIN correction, line out the incorrect SPIN and service provider name and write the correct SPIN and service provider name next to it. Add a notation that this is a Corrective SPIN change and which allowable correction category it falls into.

Send the marked-up RAL to:
Data Entry Corrections
Schools and Libraries Division
Box 125 – Correspondence Unit
80 S. Jefferson Road
Whippany, NJ 07981

Or by fax to:
Attention: Data Entry Corrections
973-599-6526

To Request a SPIN Change AFTER Funding Commitment Decision Letter is Received

Corrective SPIN change requests must be in writing. The following information must be provided on district letterhead and signed:

- Submitter of Request
- Billed Entity Number
- Funding Request Number (FRN)
- Form 471 Application Number
- Applicant Name
- Applicant Contact
- Applicant Phone
- Applicant E-Mail Address
- Original SPIN
- Original Service Provider
- Original Service Provider Contact
- Original Service Provider Phone
- Original Service Provider E-Mail Address
- New SPIN

- New Service Provider
- New Service Provider Contact
- New Service Provider Phone
- New Service Provider E-Mail Address
- Reason for change. If the correction is due to a change that was not initiated by the applicant, provide brief explanation
- Has the original service provider supplied any services under this funding request? If yes, you must supply the following information.
 - Recurring Services
 - Monthly Pre-Discount Amount for original service provider
 - Monthly Pre-Discount Amount for new service provider
 - Effective Date of Change (must be first day of month)
 - Last Day of Service for new service provider
 - Non-Recurring Services
 - One-Time Pre-Discount Amount for original service provider
 - One-Time Pre-Discount Amount for new service provider
 - Effective Date of Change (must be first day of month)
 - Last Day of Service for new service provider

The request may be sent via mail or fax.

Address:

Corrective SPIN Change
Schools and Libraries Division
Box 125 – Correspondence Unit
80 S. Jefferson Road
Whippany, NJ 07981

FAX:

Attention Corrective SPIN Change
973-599-6526

For more information, go to the SLD's web site at:

<http://www.sl.universalservice.org/reference/CorrectiveSpin.asp>

Sample Template on Next Page

CORRECTIVE SPIN CHANGE REQUEST

Date:

Contact Name:

District Name:

Billed Entity Number:

Address:

Phone Number:

E-mail Address:

Fax Number:

Form 471 Application Number:

Funding Request Number:

Original SPIN:

Original Service Provider:

Original Service Provider Contact:

Original Service Provider Phone:

Original Service Provider E-Mail Address:

New SPIN:

New Service Provider:

New Service Provider Contact:

New Service Provider Phone:

New Service Provider E-Mail Address:

Reason for the change:

Has the original service provider supplied any services under this funding request? If yes, you must supply the following information.

- Recurring Services
 - Monthly Pre-Discount Amount for original service provider
 - Monthly Pre-Discount Amount for new service provider
 - Effective Date of Change (must be first day of month)
 - Last Day of Service for new service provider
- Non-Recurring Services
 - One-Time Pre-Discount Amount for original service provider
 - One-Time Pre-Discount Amount for new service provider
 - Effective Date of Change (must be first day of month)
 - Last Day of Service for new service provider

Please send confirmation that this SPIN change has been executed to me at the E-Mail address listed above.

Signature

Mail this signed form to:
Corrective SPIN Change Request
Schools and Libraries Division
Box 125, Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

OR

Fax to:
Attention: Corrective SPIN Change
973-599-6526